

Agency/Subagency		OMB control number _ _ _ - _ _ _ _ _					
		Current Record			New Record**		
Expiration date 🖱️		____ / ____ month year			____ / ____ month year		
Reason for emergency extension request							
Signature of Senior Official or designee:		Date:			For OIRA Use _____ _____		

OMB 83-E